

## Teen Quit Plan

### My Quit Plan

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

My Reasons to Quit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It's common to feel conflicted about stopping nicotine use. List the pros and cons that go through your mind when you think about quitting.

#### Cons of Quitting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Pros of Quitting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: The positive thoughts and feelings you wrote in the pros box can help you understand why you want to quit. The negative thoughts and feelings you wrote in the cons box helps you know what might make it hard to quit successfully.

- My top nicotine use triggers (i.e. stress, being around others who use nicotine, feeling anxious or sad, etc.)

\_\_\_\_\_  
\_\_\_\_\_

- My top coping strategies (i.e. use positive self-talk, walk the dog, deep breathing, drink water, etc)

\_\_\_\_\_  
\_\_\_\_\_

- My support systems (people, programs or places to go for support)– list 3-5 outlets for support

\_\_\_\_\_  
\_\_\_\_\_

- My benefits to quitting (i.e. more money, feel better, do better in school/sports)

\_\_\_\_\_  
\_\_\_\_\_

## Teen Quit Plan

### 1. Quit Programs

Not on Tobacco (NOT)  
 NOT For Me  
 Smokefree TXT

1-800-QUIT-NOW  
 QuitSTART App  
 Lung Helpline

Quit Date: \_\_\_\_\_

### 2. Quit Medications

- Medications

Nicotine patch  
 Varenicline (Chantix®)  
 Bupropion (Zyban® or Wellbutrin®)  
 Nicotine gum  
 Nicotine lozenge  
 Nicotine nasal spray  
 Nicotine inhaler

- Non-Medication Dopamine

Exercise  
 Laughter  
 Dietary changes  
 Listening to music  
 Sleep  
 Meditation

*These medications, approved by the FDA for adult use, may be prescribed by your health care provider, if appropriate. **Please consult with your health care provider for guidance.***

### 3. On a scale of 1-5

- How important is it to you to quit?
- How motivated or ready are you to quit nicotine?
- How confident are you in your ability to quit?

	1	2	3	4	5
	<i>Not Important</i>				<i>Very Important</i>
		<i>Not Motivated</i>			<i>Very Motivated</i>
			<i>Not Confident</i>		<i>Very Confident</i>

### Next Steps:

- Talk with a trusted adult who can help support you through your quit journey.
- Speak with a health care provider to talk about how medications or other programs might help you.
- Register for a quit program.
- Follow up with a trusted adult in two weeks.

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**For more information about quitting nicotine products, visit the American Lung Association website at [Lung.org](http://Lung.org) or call the free Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872).**

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